

15 - Harry Romein

REGISTRATION DISTRICT NO. 46.1		STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED NUMBER 362-A		MEDICAL CERTIFICATE OF DEATH		R 69007	
DECEASED—NAME		FIRST	MIDDLE	LAST	SEX
1. Harry Romein					2. Male
DATE OF DEATH (MONTH, DAY, YEAR)		3. April 15, 1970			
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YRS)		DATE OF BIRTH (MONTH, DAY, YEAR)	
4. White		5a. 83		6. May 23, 1886	
CITY, TOWN, TWP OR ROAD DISTRICT NUMBER		INSIDE CITY (YES/NO)		HOSPITAL OR OTHER INSTITUTION—NAME	
7b. Kankakee		7c. Yes		7d. Riverside Hospital	
BIRTHPLACE (STATE OR FOREIGN COUNTRY)		CITIZEN OF WHAT COUNTRY		NAME OF SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Netherlands		9. U.S.A.		11. Elizabeth DeMik	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		U.S. WAR VETERAN (YES/NO)	
12. 357-30-4173		13a. Farmer		13c. No	
RESIDENCE STATE		CITY, TOWN, TWP OR ROAD DISTRICT NO		STREET AND NUMBER	
14a. Illinois		14b. Kankakee		14c. St. Anne	
FATHER—NAME		MOTHER—MAIDEN NAME		14e. R.R. #3	
15. Tunis Romein		16. Sadie DeHaan			
INFORMANT'S SIGNATURE		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)	
17a. Clara Vander Meer		17b. Daughter		17c. R.R. #3, St. Anne, Illinois, 60964	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
18. IMMEDIATE CAUSE					
(a) Gangrene at lower extremity					
DUE TO OR AS A CONSEQUENCE OF:					
(b) Femoral artery thrombosis					
DUE TO OR AS A CONSEQUENCE OF:					
(c) Arteriosclerosis					
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					
Symptomatic arteriosclerotic cardiovascular disease with severe (chronic)					
DATE OF OPERATION, IF ANY; MAJOR FINDINGS OF OPERATION					
20a. _____ 20b. _____					
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED AT 4:10 a. m. ON THE DATE, AT THE PLACE AND FROM THE CAUSE(S) STATED					
NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.					
21. I ATTENDED THE DECEASED FROM: MONTH 4 DAY 14 YEAR 66 TO MONTH 4 DAY 15 YEAR 70					
AND LAST SAW HIM/HER ALIVE ON: MONTH 4 DAY 14 YEAR 70					
21a. SIGNATURE					
21b. M. S. Michel M.D.					
DATE SIGNED (MONTH, DAY, YEAR)					
22b. April 16, 1970					
ILLINOIS LICENSE NUMBER					
22c. 36-36276					
MAILING ADDRESS—CERTIFIER					
STREET AND NUMBER OR R. F. D.					
CITY OR TOWN					
STATE					
ZIP					
23. 133 W. Station St. St. Anne Illinois 60964					
BURIAL, CREMATION, REMOVAL (SPECIFY)					
CEMETERY OR CREMATORY—NAME					
LOCATION					
CITY OR TOWN					
STATE					
DATE (MONTH, DAY, YEAR)					
24a. Burial					
24b. Oakwood Cemetery					
24c. St. Anne					
24d. Illinois					
24e. Apr. 17, 1970					
FUNERAL HOME					
NAME					
STREET AND NUMBER OR R. F. D.					
CITY OR TOWN					
STATE					
ZIP					
25a. Houk Funeral Home 214 W. Sheffield St. Anne Illinois 60964					
FUNERAL DIRECTOR'S SIGNATURE					
25b. Jack R. Houk					
FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER					
25c. 31-7225					
LOCAL REGISTRAR'S SIGNATURE					
26a. Frank J. Krawchik By Marguerite Masse					
DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)					
26b. April 17, 1970					

<https://www.kankakeecountyclerk.com/records/vital-records/>